

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/534520  
FILING DATE  
APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								52					
3								53					
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46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL NO.	1							TOTAL NO.					
TOTAL DEP.	12								12				
TOTAL CLAIMS	13									13			

BEST AVAILABLE COPY